



COUNTY OF LOS ANGELES
Public Health

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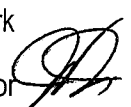
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May 28, 2010

SAPC BULLETIN NO. 10-01

TO: Executive Directors
Parolee Services Network

FROM: John Viernes, Jr., Director 
Substance Abuse Prevention and Control

SUBJECT: **PROCEDURES FOR REQUESTS FOR PAROLEE SERVICES NETWORK TREATMENT EXTENSIONS**

The purpose of this bulletin is to serve as a reminder of the requirements as set forth from the California Department of Corrections and Rehabilitation (CDCR) and the State Department of Alcohol and Drug Programs (ADP) regarding requests for treatment extensions under the Parolee Services Network Program (PSN).

Funding for the PSN program is provided and monitored by an inter-agency agreement between ADP and CDCR. The inter-agency agreement allows for 180 days of treatment services, with a built in provision for extending treatment by either 30 or 45 days, contingent on the approval of the Parole Agent. Requests for extensions are to be based on clinical need and not for the sole purpose of housing.

All requests for extensions must be submitted with the required documentation by the 150th day of treatment and forwarded to the Substance Abuse Prevention and Control (SAPC) - PSN Coordinator, Yanira A. Lima, for review and approval. The PSN Coordinator will notify the program once the extension is approved. Additionally, copies of the request for extensions and approvals shall be placed in the participant's file.

The following list outlines the mandatory information that is required for an extension request:

- Completion of the attached SAPC request for extension form
- Documentation of approval from assigned Parole Agent including name of the Parole Agent, location, and contact information (i.e. activity report and/or signed letter)
- Justification for the treatment extension (extensions only for housing are not permitted)

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If you have any questions or need additional information, please contact your assigned Contract Program Auditor or the SAPC Helpline at (888) 742-7900, Monday to Friday, from 8:00 a.m. to 5:00 p.m.

JV:vs

Attachment

c: Wayne K. Sugita
Dorothy H. de Leon
Leo Busa
David Hoang
Linda G. Dyer
Contract Program Auditors and Supervisors

COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL

REQUEST FOR EXTENDED TREATMENT
PAROLEE SERVICES NETWORK PROGRAM

PROVISIONAL APPROVAL

DATE OF REQUEST: _____

AGENCY NAME: _____

CONTACT PERSON NAME/PHONE: _____

CDC NUMBER: _____

ADMISSION DATE: _____ RESIDENTIAL/OUTPATIENT (CIRCLE)

CLINICAL JUSTIFICATION:

(ATTACH APPROVAL FROM PAROLE)

TREATMENT EXTENSION REQUESTED: 30 DAYS _____ 45 DAYS _____

FINAL DETERMINATION

DOCUMENTATION SUPPORTS NEED FOR EXTENSION: YES _____ NO _____

APPROVAL: _____

DENIAL: _____

REASON FOR DENIAL: _____

COMMENTS: _____

PAROLEE SERVICES NETWORK COORDINATOR

DATE

Form may be submitted to: Valerie Sifuentes at vsifuentes@ph.lacounty.gov or fax to: (626) 299-7226.